

AO 240 (Rev. 10/03)  
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

ORIGINAL

MR MARK SPRUANCE

Plaintiff

V.

TOM, CAROL

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

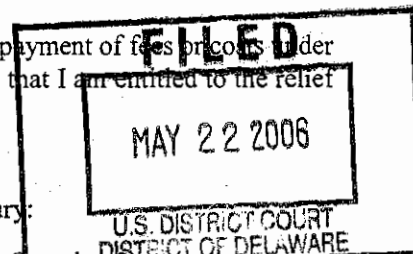
CASE NUMBER: - 06 - 337 -

I, MR MARK SPRUANCE

declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.



In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • ☒ Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration D.C.C.Inmate Identification Number (Required): 170011Are you employed at the institution? YES Do you receive any payment from the institution? YESAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • ☒ Yes • No

- a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer. \$140.00 DELAWARE CORR CENTER
- b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |         |   |
|---|---------|---|
| a. Business, profession or other self-employment  | • • Yes | • • <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends           | • • Yes | • • <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | • • Yes | • • <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments    | • • Yes | • • <input checked="" type="radio"/> No |
| e. Gifts or inheritances                          | • • Yes | • • <input checked="" type="radio"/> No |
| f. Any other sources                              | • • Yes | • • <input checked="" type="radio"/> No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

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4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ 0.00

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, *OR* state *NONE* if applicable.

I declare under penalty of perjury that the above information is true and correct.

5/15/06  
DATE

Mr. Mark Spuam  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

**DELAWARE CORRECTIONAL CENTER**  
**SUPPORT SERVICES OFFICE**  
**MEMORANDUM**

TO: Matt Spruance SBI#: 170011

FROM: Stacy Shane, Support Services Secretary

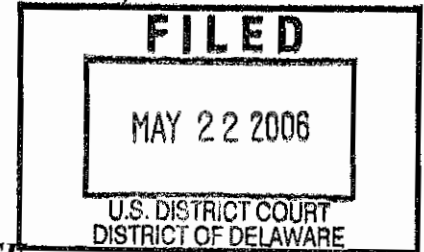
RE: 6 Months Account Statement

06-337

DATE: May 10, 2006

Attached are copies of your inmate account statement for the months of  
November 1, 2005 to April 30, 2006

The following indicates the average daily balances.



<u>MONTH</u>	<u>AVERAGE DAILY BALANCE</u>
<u>Nov</u>	<u>31.56</u>
<u>Dec</u>	<u>92.65</u>
<u>Jan</u>	<u>138.30</u>
<u>Feb</u>	<u>89.15</u>
<u>March</u>	<u>129.3</u>
<u>April</u>	<u>6.07</u>

Average daily balances/6 months: 61.80

Attachments

CG: File

Stacy Shane  
5/10/06

my-L  
Norton public  
5/10/06

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# Individual Statement

## For Month of November 2005

Date Printed: 5/10/2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$0.85
00170011	Spruance	Mark	A			
Current Location:	W1	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Misc Wage	11/1/2005	\$44.24	\$0.00	\$0.00	\$45.09	177423
Canteen	11/1/2005	(\$43.31)	\$0.00	\$0.00	\$1.78	178399
Mail	11/17/2005	\$70.00	\$0.00	\$0.00	\$71.78	185793
Canteen	11/23/2005	(\$10.83)	\$0.00	\$0.00	\$60.95	187771
					Ending Mth Balance:	\$60.95
Total Amount Currently on Medical Hold: (\$3.56)						
Total Amount Currently on Non-Medical Hold: \$0.00						

SourceName

PayTo  
FS 9/24-10/23/05MO # or  
Ck #

08887399435

H. TURNER

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# Individual Statement

## For Month of December 2005

Date Printed: 5/10/2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	\$60.95
00170011	Spruance	Mark	A			
Current Location:	W1	Comments:				
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #
Misc Wage	12/1/2005	\$51.24	\$0.00	\$0.00	\$112.19	190242
Canteen	12/7/2005	(\$112.17)	\$0.00	\$0.00	\$0.02	192673
Mail	12/20/2005	\$200.00	\$0.00	\$0.00	\$200.02	197509
Mail	12/23/2005	\$10.00	\$0.00	\$0.00	\$210.02	198916
Canteen	12/28/2005	(\$72.88)	\$0.00	\$0.00	\$137.14	200563
					Ending Mth Balance:	\$137.14

MO # or Ck #

FS 10/24-11/23/05

N. HARRIS

A. DUFFY

Total Amount Currently on Medical Hold: (\$3.56)

Total Amount Currently on Non-Medical Hold: \$0.00

Date Printed: 5/10/2006

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**Individual Statement****For Month of January 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00170011	Spruance	Mark	A		\$137.14		FS 11/24-12/23/05	
Current Location: W1		Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Misc Wage	1/3/2006	\$59.36	\$0.00	\$0.00	\$196.50	202458		
Canteen	1/4/2006	(\$48.45)	\$0.00	\$0.00	\$148.05	203683		
Canteen	1/11/2006	(\$40.42)	\$0.00	\$0.00	\$107.63	206800		
Visit	1/23/2006	\$100.00	\$0.00	\$0.00	\$207.63	211954		N.HARRIS
Canteen	1/25/2006	(\$54.28)	\$0.00	\$0.00	\$153.35	213180		
					Ending Mth Balance:			
					\$153.35			

Total Amount Currently on Medical Hold: (\$3.56)

Total Amount Currently on Non-Medical Hold: \$0.00

## Individual Statement

Date Printed: 5/10/2006

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## For Month of February 2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00170011	Spruance	Mark	A		\$153.35		FS 12/24/05-1/23/06	
Current Location: W1 Comments:								
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Misc Wage	2/1/2006	\$46.76	\$0.00	\$0.00	\$200.11	214606		
Canteen	2/1/2006	(\$44.58)	\$0.00	\$0.00	\$155.53	216411		
Canteen	2/8/2006	(\$47.99)	\$0.00	\$0.00	\$107.54	220140		
Canteen	2/15/2006	(\$44.60)	\$0.00	\$0.00	\$62.94	223407		
Canteen	2/22/2006	(\$27.31)	\$0.00	\$0.00	\$35.63	226301		
Canteen	2/28/2006	(\$35.40)	\$0.00	\$0.00	\$0.23	228525		
Ending Mth Balance:					\$0.23			

Total Amount Currently on Medical Hold: (\$3.56)

Total Amount Currently on Non-Medical Hold: \$0.00

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**Individual Statement**

Date Printed: 5/10/2006

**For Month of March 2006**

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00170011	Spruance	Mark	A		\$0.23		FS 1/24/06-2/23/06	
Current Location: W1      Comments:								
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Misc Wage	3/1/2006	\$50.82	\$0.00	\$0.00	\$51.05	228906		
Canteen	3/8/2006	(\$45.91)	\$0.00	\$0.00	\$5.14	232137		
Canteen	3/15/2006	(\$4.70)	\$0.00	\$0.00	\$0.44	236658		
					Ending Mth Balance:	\$0.44		

Total Amount Currently on Medical Hold: (\$3.56)

Total Amount Currently on Non-Medical Hold: \$0.00



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# Individual Statement

## For Month of April 2006

Date Printed: 5/10/2006

SBI	Last Name	First Name	MI	Suffix	Beg Mth Balance:	MO # or Ck #	PayTo	SourceName
00170011	Spruance	Mark	A		\$0.44		FS 2/24-3/23/06	
Current Location: W1		Comments:						
Trans Type	Date	Deposit or Withdrawal Amount	Medical Hold	Non-Medical Hold	Balance	Trans #		
Misc Wage	4/3/2006	\$41.44	\$0.00	\$0.00	\$41.88	243674		
Canteen	4/5/2006	(\$40.23)	\$0.00	\$0.00	\$1.65	245682		
Mail	4/13/2006	\$10.00	\$0.00	\$0.00	\$11.65	249656		G. FOSTER
Canteen	4/19/2006	(\$9.67)	\$0.00	\$0.00	\$1.98	251056		
Canteen	4/26/2006	(\$1.54)	\$0.00	\$0.00	\$0.44	255283		
Medical	4/27/2006	\$0.00	(\$4.00)	\$0.00	\$0.44	256363	4/21/06	
Medical	4/27/2006	(\$0.44)	(\$3.56)	\$0.00	\$0.00	256450	4/21/06	
					Ending Mth Balance:			
					\$0.00			

Total Amount Currently on Medical Hold: (\$3.56)

Total Amount Currently on Non-Medical Hold: \$0.00